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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Doctors Municipal 19815 440 | | |
|---|---|---|-------------|---|--------------------|-------------------|------------------------|--|--------------------|---|
| | | CLAIMS AS | • | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | | |
| | F06 | MUNES | MARGERFOLD | | MANGER EXTRA | | FEC | | RATE | FEE |
| | CFEE | | | | | | \$ | 90 | | 1 |
| P7 CFR 1.48(4)) FOTAL CLAIMS | | | | x | | OR · | x s= | | | |
| B7 CFR 1.16(c)) NOEPENDENT CLAIMS | | us - | entrus 20 * | | | | | | | |
| p7 CFR 1.16(b)) minus 3 " ' | | | | | | × 5 | | OR | × 1 | |
| al. | NPLE DEPENDE | VT CLAIM PRESEN | T C | CFR 1.16(d)) | <u> </u> | | OR | | | |
| of the difference in column 1 is less than zero, enter "O" in column 2. | | | | | | TOTAL | | OR | TOTAL. | |
| g. | 200S | AIMS AS AMI | ENDED | - PART II (Column 2) | (Column 3) | SMALLE | ENTITY | OR . | OTHEF SMALL | |
| AMENDMENTAL A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| 뾝 | Total OF ORR 1,96(4) | . 20 | Minus | 30 | 7 | x \$= | | OR | x 1= | |
| 윎 | Independent CF CFR 1.169-8 | . 6 | Minus | -6 | 2 | x s = | | OR | x s= | |
| Ş۱ | FIRST PRESENTATION OF MATTPLE DEPENDENT CLAM (27 CFR 1.16(d)) | | | | | | | OR | | |
| | 1901 MESOLIVIOLO METILE DO COOR ON ALCOHOL | | | | | TOTAL | | OR | TOTAL ADD'L FEE | |
| 3 | 21-06 | (Calema 1) CLANS REMANING | | (Column 2) HighEST NUMBER | (Caluma 3) PRESENT | RATE | ADOI- | •] | RATE | 400A |
| 뉟 | | AFTER AMENDMENT | | PREVIOUSLY PAID FOR | EXTRA | | TIONAL FEE | زا | | TIONAL FEE |
| ENDMENT | Total CF CFR 1.16(4) | .18 | Minus | -20 | • | xs= | | OR | x s= | |
| 2 | Independent CIT CFR LIGHT | . 10 | Minus | -2 | - | x s = | | OR | X 5 | |
| AME | | | | | D 1 100/01 | | | OR | +3 | · |
| ✓ PREST PRESENTATION OF MULTIPLE DEPONDENT CLAM. (D7 CFR 1.19(4)) 13 14 15 16 17 17 18 18 18 18 18 18 18 18 | | | | | | TOTAL | | 1 | TOTAL | |
| | | | | +* | | ADD'L FEE | <u> </u> | OR | ADD'L FEE | |
| | | (Column 1) | , | (Column 2) | (Column 3) | | | 7 | | |
| NDMENT # | | CLAIMS REMARKING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | PATE | TIONAL FEE |
| Ž | Total GF OFF LASIG | • | Minus | - | • | x.s= | - | OR | X1 | <u> : </u> |
| END | Endependent OF OFR 1.1696 | • | Minus | *** | • | X | | OR | x s• | <u> </u> |
| A | | ATION OF MULTIPL | E 06061-0 | ENTO NY DZO | FR 1.16(0) | | | OR | + 5. | |
| _ | FFSTHESEN | · · | E VEREN | | TOTAL ADD'L FEE | | OR | TOTAL ADO'L FEE | | |
| | " If the "Highest | plumn 1 is less the Number Previous Number Previous | y Peid For | " IN THIS SPACE | is less than 20, | 3. ealer "20". | | - | | |

This conection of exponents on eventure by 37 U.T. L. I. It is contrained to count of retain to count of the land of the 12 minutes to complete, USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 87 CFR L.14. This collection is estimated to take 12 minutes to complete, underly gathering, preparing, and administing the completed application from to the USPTO. These will very depending upon the individual case. Any comments on the emount of time you require to complete this form another suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22151-1450, DO NOT SERD FEES OR COMPLETED FORMS TO THIS ADDRESS. SERD TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22151-1450.

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